



GEORGIA BOARD OF OCCUPATIONAL THERAPY

P.O. Box 13446
Macon, Georgia 31208

(478) 207-2440
(478) 207-1633(fax)
www.sos.ga.gov/plb/ot

INSTRUCTION SHEET FOR APPLICATION FOR CERTIFICATION OF VALIDATION FOR USE OF PHYSICAL AGENT MODALITIES

Please Read These Instructions and the Law And Rules Carefully Prior To Completing Application. You may not use physical agent modalities in Georgia without a certification issued by the Board.

APPLICANT'S MUST SUBMIT THE FOLLOWING DOCUMENTS:

APPLICATION FEE	A nonrefundable fee is \$35.00. The fee must accompany each application. The application fee cannot be combined with any other fee. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. See fee schedule
APPLICATION AND DOCUMENTATION FORM	Type or print in ink. You must respond to all the questions and requests on the application and Content Documentation Form. Incomplete forms will be returned for you to complete.
CONTENT DOCUMENTATION	Applicants must submit documentation of completion of 90 contact hours of instruction in the required topic areas. No less than 36 of these 90 contact hours must be directly related to the specific theories and practical application of physical agent modalities.
APPLICATION DEADLINE	You cannot submit an application for certification until you are issued a license by the board. Materials must be submitted two weeks prior to a scheduled meeting to be reviewed by the board.

OCCUPATIONAL THERAPIST OPTION: An Occupational Therapist may use the occupational therapy program transcript as documentation for 54 of the total hours and certify that the occupational therapy program included at least 54 hours of content related to the required topic areas such as physics, physiology, treatment guidelines, patient education and documentation. The Occupational Therapist must list and document at least 36 specific hours of content that directly relate to the specific theories and practical application of physical agent modalities. Occupational therapist assistants are not eligible for this option and must document the entire 90 contact hours.

OCCUPATIONAL THERAPY ASSISTANT OPTION: An OTA may use college transcripts as documentation for completion of 8 hours in Anatomy & Physiology, 8 hours in Chemistry and 8 hours in Physics. An OTA may use an additional 8 hours for related Physical Agent Modality courses taken within the curriculum, with appropriate documentation including submission of a course outline for Board review. An OTA must document a mandatory requirement of at least 36 hours of preparatory continuing education coursework and a mandatory 15 hours of clinical application of modality by a modality certified instructor with a completed check form as related to the specific theories of physical agent modalities.

REQUIRED TOPIC AREAS: The law requires 90 contact hours of instruction that covers nine specific topics for occupational therapist and occupational therapy assistants that wish to be certified to use physical agent modalities. No less than 36 of these 90 contact hours must be directly related to the specific theories and practical application of physical agent modalities. The nine specific topics are:

- A Principles of physics related to specific properties of light, water and temperature, sound or electricity, as indicated by selected modality;
- B Physiological, neurophysiological and electrophysiological changes, as indicated, which occur as a result of the application of the selected modality;
- C The response of normal and abnormal tissue to the application of the modality;
- D Indications and contraindications related to the selection and application of the modality;
- E The guidelines for treatment or administration of the modality within the philosophical framework of occupational therapy;
- F The guidelines for educating the patient including instructing the patient to process and possible outcomes of treatment, including risks and benefits;
- G Safety rules and precautions related to the selected modality;
- H Methods of documenting the effectiveness of immediate and long-term effects of treatment; and
- I Characteristics of the equipment including safe operation, adjustment and care of the equipment.

HOW TO CALCULATE YOUR HOURS: Only the actual time spent in instruction or organized learning experience can be calculated. The actual time must be listed in the course brochure/outline or In-Service Form in clock hours, e.g. 9:00 a.m. – 10:00 a.m. Do not rely on the certificate of attendance to calculate your hours. You must calculate and total your contact hours for each session. The time for meals, breaks, and business meeting cannot be included in your calculations. The "Number of Total Hours" will equal the actual time spent. The "Number of Specific Hours" is the actual time spent in

the required topic areas that directly relate to specific theories and applications of physical agent modalities. Many applications are denied because of incorrect calculations or the failure to attach the appropriate documentation. Please verify that you have attached documents that have actual clock hours for each session and that you do not calculate time spent for breaks, meals, or business meetings.

HOW TO DOCUMENT ACADEMIC EDUCATION: You must submit a copy of the official grade report/transcript and course outline and schedules that indicate topic, class time in clock hours, dates and instructor. An OT who uses the OT option is not required to submit an additional transcript for the 54 hours to be credited from your OT program. However, any hours obtained to meet the 36 specific hours must be documented. An OTA who uses the OTA option is not required to submit an additional transcript to be credited for one or more of courses in Anatomy & Physiology; Physics; and/or Chemistry that was a part of your OTA program. An OTA must document at least 36 specific hours of content in preparatory continuing education coursework and a mandatory 15 hours of clinical application of modality by a qualified instructor that directly relate to the practical application of physical agent modalities on the Content Documentation Form.

HOW TO DOCUMENT CONTINUING EDUCATION COURSES AND/OR UP TO 8 HOURS OF ON-LINE COURSEWORK: You must submit the following: (1) the statement of proof of attendance or certificate of completion; (2) title of the program; (3) content description/brochure; (4) program outline; (5) instructor; (6) date; (7) actual session times in clock hours; and (8) signature of designated program official verifying your attendance. Up to 8 hours online coursework is acceptable. Legible copies are acceptable.

HOW TO DOCUMENT MODALITY TRAINING THROUGH IN-SERVICE: You must complete the PAMS Reporting Form. Make sure you list each session in clock hours. This form can also be used for programs that do not have a brochure and in services provided by Sales Representatives.

HOW TO COMPLETE THE CONTENT DOCUMENTATION FORM: You must complete this form in its entirety and sign each page. You are expected to total the number of hours and indicate the related topic. You may attach additional sheets, if necessary. The supporting documents must be attached in the order you list them on the form. The following is an example on how to complete the Content Documentation Form.

DATE OF COURSE	COURSE TITLE	NUMBER OF TOTAL HOURS	NUMBER OF SPECIFIC HOURS	CHECK TOPICS INCLUDED								
				A	B	C	D	E	F	G	H	I
1/1/05 - 1/27/05	Physics 400 (45 minutes X 27 days)	20.25	0	X								
2/1/2005	OT Treatment Following Hand Surgery	3	1			X	X	X		X		
3/1/2005	In-Service on Ultrasound	1	1							X	X	X
TOTAL HOURS ON PAGE 3:		24.25	2									
TOTAL HOURS COMPLETED:		90	36									

CERTIFICATION: An occupational therapist assistant who is certified to use physical agent modalities may not use physical agent modalities unless the supervising occupational therapist is also certified to use physical agent modalities. Similarly, an occupational therapist certified to use physical agent modalities may not supervise an occupational therapy assistant in the use of physical agent modalities if the occupational therapy assistant is not certified in modalities.

LIMITED LICENSE TO USE PHYSICAL AGENT MODALITIES: There is no limited license to use physical agent modalities. If you hold a limited license, you may not use physical agent modalities.

BOARD REVIEW: The board reviews every application for Certification in Physical Agent Modalities. It takes several weeks for applications to be processed. Therefore it is unlikely that an occupational therapy assistant or occupational therapist can receive certification the week after completing the last course or submitting the application. It takes approximately 4 - 6 weeks to process final action on an application. Decisions of the board are communicated by letter within 15 business days following the board meeting. The board office staff is not authorized to discuss board decisions over the telephone with the applicant or any third party.

BOARD MEETING DATES: The board meets on the third Friday of January, March, May, July, and September. The Board meets on the third Friday of November in the same location as the annual public meeting. All meetings are open, except when the Board is in Executive Sessions. Please contact the Board office for directions if you wish to attend a Board meeting.

ADDRESS AND NAME CHANGES: Please notify this office immediately, in writing, of an address and/or name change. The post office does not forward mail from the board. All name changes must include a copy of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

Post Office Box 13446

Macon, Georgia 31208

(478) 207-2440

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**APPLICATION FOR LICENSURE
PHYSICAL AGENT MODALITIES**

Application Fee: \$35.00 (non-refundable)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C. G A. §16-9-20.

PERSONAL INFORMATION

1. NAME

LAST

FIRST

MIDDLE

MAIDEN

2. NAME as shown on license or documentation (if different):

LAST

FIRST

MIDDLE

MAIDEN

3. ADDRESS

HOME/PHYSICAL ADDRESS (P.O. BOX NOT ACCEPTED)

APT #

4. ADDRESS

MAILING ADDRESS (P.O. BOX ACCEPTED)

APT #

CITY

STATE

ZIP

5. SOCIAL SECURITY NO.

DATE OF BIRTH

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

6. DAYTIME PHONE

OTHER PHONE

7. What is your license number? _____

☐ OT

☐ OTA

8. Name of OT/OTA Program: _____

9. Graduation Date: _____

10. _____ I am a U.S. citizen

11. _____ I am not a U.S. citizen, but I am a qualified alien under the federal Immigration and Naturalization Act, and, I am lawfully present in the United States of America.

12. E-Mail Address: _____



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**APPLICATION FOR CERTIFICATION OF VALIDATION FOR USE OF
PHYSICAL AGENT MODALITIES**

Instructions:

1. Please read the general instructions thoroughly before completing this application. Fully complete this application. Type or print clearly.
2. If you do not hold a current license issued by the Board, you are not eligible to submit this application.
3. Enclose a nonrefundable application fee of \$35.00. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. See fee schedule.
4. Sign and have the application notarized. Attach the Content Documentation Form and documentation of completion of 90 contact hours.

13. ☐ YES ☐ NO **OT OPTION:** I wish to use my occupational therapy program transcript as documentation for 54 of the total hours and certify that my occupational therapy program included at least 54 hours of content related to the required content. I will list and document at least 36 specific hours of content that directly relate to the specific theories and practical application of physical agent modalities on the Content Documentation Form.
14. ☐ YES ☐ NO **OTA OPTION:** I wish to use my transcript as documentation for Anatomy & Physiology ☐ YES ☐ NO; Physics ☐ YES ☐ NO; Chemistry ☐ YES ☐ NO. I will list and document at least 36 specific hours of content in preparatory continuing education coursework and a mandatory 15 hours of clinical application of modality by a qualified instructor that directly relate to the practical application of physical agent modalities on the Content Documentation Form.
15. ☐ YES ☐ NO **OTA OPTION:** I wish to use my course outline as documentation for Physical Agent Modality curriculum coursework.
16. ☐ YES ☐ NO I have listed the courses, date of completion, total number of hours, specific hours, and topics included on the Content Documentation Form.
17. ☐ YES ☐ NO I have attached the required documentation in the order listed on the content documentation form.
18. ☐ YES ☐ NO I have correctly calculated the actual hours and subtracted breaks, meals and business meetings.
19. **HAS ANY OTHER LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE EVER:**
 - A. ☐ YES ☐ NO DENIED YOUR LICENSE APPLICATION, RENEWAL, OR REINSTATEMENT?
 - B. ☐ YES ☐ NO REVOKED, SUSPENDED, RESTRICTED, OR PROBATED YOUR LICENSE?
 - C. ☐ YES ☐ NO REPRIMANDED, FINED, DISCIPLINED, REQUESTED OR ACCEPTED SURRENDER OF YOUR LICENSE? If you answered "yes" to any of the above, you must submit a letter of explanation and request that the licensing board, NBCOT or agency send a certified copy of the action taken against your license or certification.
20. ☐ YES ☐ NO HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY, OR NOLO CONTENDERE OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI ARE NOT MINOR TRAFFIC VIOLATIONS.) If yes, please provide a complete explanation of each offense and provide certified copies of the final court disposition. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.)
21. ☐ YES ☐ NO HAVE YOU FAILED TO RENEW A LICENSE, CERTIFICATION OR REGISTRATION DURING AN INVESTIGATION AGAINST YOU BY A LICENSING BOARD OR OTHER AGENCY?

CERTIFICATION: I certify that I have a current license and have successfully completed the required contact hours of instruction or training. Under penalties of perjury, I declare and affirm that the statements made in the foregoing application and attached documents are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure.

Sworn to and subscribed before me this

Signature of Applicant

_____ day of _____, 20____

(Notary Seal)

Notary Public My commission expires: _____



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CONTENT DOCUMENTATION FORM

NAME

LAST

FIRST

MIDDLE

MAIDEN

DAYTIME PHONE

OTHER PHONE

Applicant: Please list courses/programs and the date completed. For each course, indicate total number of hours that you would like the Board to consider, the number of hours to be counted toward the 36 hour specific content requirement and the topic areas that were covered in each course or program. You must total your hours at the end of the form. Please attach additional sheets if needed. The topics included are identified by letters; please use the following list to identify the required topic included.

A	Principles of physics related to specific properties of light, water and temperature, sound or electricity, as indicated by selected modality;
B	Physiological, neurophysiological and electrophysiological changes, as indicated, which occur as a result of the application of the selected modality;
C	The response of normal and abnormal tissue to the application of the modality;
D	Indications and contraindications related to the selection and application of the modality;
E	The guidelines for treatment or administration of the modality within the philosophical framework of occupational therapy
F	The guidelines for educating the patient including instructing the patient as to the process and possible outcomes of treatment, including risks and benefits;
G	Safety rules and precautions related to the selected modality
H	Methods of documenting the effectiveness of immediate and long-term effects of treatment; and
I	Characteristics of the equipment including safe operation, adjustment and care of the equipment.

DATE OF COURSE	COURSE TITLE	NUMBER OF TOTAL HOURS	NUMBER OF SPECIFIC HOURS	CHECK TOPICS INCLUDED								
				A	B	C	D	E	F	G	H	I
	OT Option (Not for use by an OTA)	54										
	OTA OPTION Anatomy & Physiology	8										
	OTA OPTION Chemistry	8										
	OTA OPTION Physics	8										
	OTA OPTION Curriculum course work related to Modalities	8										
TOTAL HOURS ON PAGE 1:												
TOTAL HOURS COMPLETED:												

Each Topic was covered at least once and I have included 90 contact hours and at least 36 of these hours meet specific content requirements and I have attached supporting documentation for each course. An OTA must also include a mandatory 15 hours of clinical application of modality by a qualified instructor that directly relate to the practical application of physical agent modalities.

This is page 1 of _____

Applicant's signature _____

MAIDEN

Rev 2-18-08sg



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PHYSICAL AGENT MODALITIES REPORTING FORM

INSTRUCTIONS:

1. Complete this form in ink.
2. List the actual start and end time. List the actual start and end times for breaks. Total contact hours do not include meals, breaks, and business meetings.
3. The licensee must sign the form. The program coordinator or instructor must sign and verify attendance.
4. Do not use this form if you have attended a course and received a course brochure/outline and a certificate of attendance. If you have a course brochure/outline and certificate of attendance, you may submit copies of those documents as proof of completion.
5. List the name of the TRAINING; date; hours; and topics included on the Content Documentation Form.
6. Attach this form to the Content Documentation Form in the order this training is listed on the Content Documentation Form.

1. LICENSEE NAME

LAST

FIRST

MIDDLE

MAIDEN

2. LICENSE NUMBER: _____ ☐ OT ☐ OTA

Signature of Licensee

Date

3. TRAINING TITLE _____

4. PRESENTER: _____ CREDENTIALS: _____

5. LOCATION _____

6. START TIME _____ END TIME: _____ BREAK TIMES: _____

7. TOTAL CONTACT HOURS _____
(You must not include breaks, meals, or business meetings in the calculation of total hours)

8. DATE _____ 9. OUTLINE AND DESCRIPTION: _____

I VERIFY THE HOURS OF INSTRUCTION ON PHYSICAL AGENT MODALITY FOR THE ABOVE NAMED LICENSEE AS SPECIFIED.

Signature

Date

Title

Phone number



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY
P.O. Box 13446
Macon, Georgia 31208
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia State Board of Occupational Therapy** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)